



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
2900 APALACHEE PARKWAY
NEIL KIRKMAN BUILDING, MS 66
TALLAHASSEE, FLORIDA 32399-0640
850/617-3004



MOBILE HOME DEALER/INSTALLER LICENSE APPLICATION

Pursuant to section 320.8249, Florida Statutes, I hereby make application for a license to install new and/or used manufactured/mobile homes.

☐ **Original** ☐ **Renewal** ☐ **Change of Mailing Address**

DMV USE ONLY

PRINT/TYPE

DH License #: _____

Business Name: _____

Physical Address: _____

Business Phone Number

City County State Zip Code

Mailing Address (if different from above): _____

Name of Class & Exam Attendant: _____

Class & Exam Attendant: SS#: _____ Date of Birth: _____

Original Application: \$200.00 for Application and License Fees
(If license is denied for any reason, \$150 license
fee will be refunded to applicant.)

Renewal Application: \$150.00 for License Fee received by October 1.
(After October 1, additional \$50.00 late fee charged.)

Change of Address: No Fee

I hereby certify by my signature that I have not been convicted or found guilty of, or enter a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of mobile home installation or the ability to practice. That information I have provided in this application is true and correct. I agree to abide by all laws of Florida, including Chapter 320, Florida Statutes and all applicable rules, policies and procedures of the Department of Highway Safety and Motor Vehicles.

I understand that any false information provided on this form and/or any violations of Florida Statute 320.8249 may result in disciplinary penalties imposed by the department. I further understand that I must meet all zoning, permitting and occupational license requirements that may be mandated by city or county ordinances.

Signature (Officer of Dealership)

Date

License Number

Date Issued

Bond ☐

Insurance ☐

Taken Class ☐

Passed Exam ☐

Approved/Denied
Initials _____

Application Fee

Date Received

License Fee

Date Received